

Meeting Summary of the Kentucky Mental Health Services Planning Council
May 10, 2007, 10:00am - 2:00pm
Transportation Building, Mero Street, Frankfort

Council Members Present: Rebecca Garrett, Molly Clouse, Robert R. Hicks, Betty Jo Moss, Shelley Adams, Trudy Abshire, Steve Hartwig, Carol Estes, Kathy Casper, Steve Shannon, Jan Powe, Mary Sue Klusman, Donna Hillman, Lynn Haney, Doreen Mills, Rita Brooks, Sharma Klee, Anna Winchell

Council Members Absent: Marty Harrison, Kevin Pangburn, Janet Gothard, Carolyn Kates-Glass, Toyah Robey, Stephanie Shepard, Steve Liles, Jim Sparks, Phil Gunning, Joy Varney,

DMHMRS Staff: Amy DiLorenzo, Michele Blevins, Louis Kurtz, Rita Ruggles, Janice Johnston, Louis Kurtz

Guests: Linda Proctor, Carolyn Bray, Dee

TOPIC	OUTCOME	NEXT STEPS
Welcome & Introductions	Rebecca Garrett called the meeting to order at 10:16 a.m. Members, staff and guests introduced themselves.	
February Meeting Summary	Steve Shannon made a motion to approve the drafted summary for the February 2007 meeting. It was seconded by Molly Clouse and motion carried.	
SAMHSA/ CMHS Technical Assistance Workshops	<p>Michele Blevins stated that the CMHS has been sponsoring workshops on various topics to assist states in their efforts around Mental Health transformation.</p> <p>Rita Brooks represented the Council at the <i>"Making the Mental Health System Work for Older Adults with Mental Illness and Co-Occurring Disorders"</i> workshop in Washington DC. She shared handouts and an overview of the information presented (handouts available). Major ideas shared include:</p> <ul style="list-style-type: none"> • Primary care integrated with community based MH services • MH professionals/peer support specialists at primary care office • Using community support people (regular people in the community) to keep in touch with older adults - give them info so that they know how to recognize signs of mental health concerns • Models from other states <p>Rita said she would be willing to work with others who may be interested in working on mental health and older adults' issues.</p> <p>Tim Hawley stated that Lisa Rice and Linda Lancaster (from Public Health) have recently been named as liaisons between DMH and Public Health to better coordinate information sharing and services.</p> <p>Mr. Hicks suggested it would be helpful to have someone, with MH knowledge, in the local health Departments as liaisons as well.</p> <p>Nursing homes have councils where patients are able to participate in their care - Rita would like to work on this kind of thing if possible.</p> <p>Rita Ruggles presented information regarding a workshop she recently attended about Mental Health and Criminal Justice Interface and also shared KDMHMRS' Criminal Justice Program Proposal (PowerPoint handout available). The workshop provided information about the Sequential Intercept Model. This model applies to all individuals with disabilities (SA, MH, MR, Co-Occurring). Jan Powe asked how individuals were identified as MH, SA and/ or MR. Training with dispatch and law enforcement will focus on</p>	

	<p>screening and interviewing skills to assist with appropriate identification. Dispatch will determine if a specially trained CIT (Crisis Intervention and Treatment) officer will be needed to respond to the call.</p> <p>Rita shared information about SB 104 which calls for the development of a statewide curriculum for training of criminal justice system personnel, such as police, sheriffs, etc., in Crisis Intervention skills, based on the Memphis model. There will be state level and regional steering committees.</p>	
Committee Reports	<p>Peer Support - Rita Brooks distributed the LEAPS (leadership, Empowerment, and Peer Support) newsletter</p> <p>By-Laws – Committee has not met since last Council meeting. Bob Hicks made a motion to approve the By-Laws, Trudy Abshire seconded and motion carried unanimously.</p> <p>Membership – Revised nomination form was shared with Council The form, with a cover letter to solicit nominations, will go out very soon. Nominations for Parent of Child with SED, to fill two vacancies, will be received until June 30th. Committee will bring recommendations to full Council in August. Rebecca suggested that the form have a place to note if those who do not get chosen to serve are interested in remaining on a “future consideration” list.</p> <p>Discussion ensued about adding additional members to the Council and it was suggested that Council would like to have their own budget in order to plan for whom to add. There is currently \$15,000 set aside to support the Council meetings and through April about \$8000 has been spent. Staff suggested it might be better for the Council to decide what they would like to do and the anticipated expense before requesting an amount of funds to be set aside.</p> <p>Mr. Hicks said that in reviewing the By-laws, particularly with regard to Scope of Duties, he makes a motion that the Council annually make 5 recommendations to the Commissioner outlining the Council's priorities (not be necessarily tied to budgeted funds). The timeframe and specifics are to be determined at a later date. Betty Jo Moss seconded. Discussion: Steve Shannon asked if the transformation exercise planned for today would get to what Bob is asking for. Several agreed that it would or might. It was suggested an ad hoc committee be created to look at this issue. Motion again was made by Bob Hicks and seconded by Betty Jo Moss and motion carried.</p> <p>Finance - The committee plans to convene initial meeting on June 14. <i>Per previous meeting summary, the Finance Committee was to review block grant allocations and deliverables of funded entities, meet with those entities if necessary, and make recommendations to the full Council regarding funding issues when applicable.</i> Members present who agree to serve on this committee include; Betty Jo Moss, Jan Powe, Rebecca Garrett, Steve Shannon but meeting notice will be sent to all Council members. Staff assistance was requested and Michele agreed to provide staff support. A suggestion was made that committees meet the afternoon before Council meetings to cut down on costs.</p>	Council Chair to sign By-laws.

<p>Department Updates</p>	<p>-Michele shared information about the Kentucky Conference slated for May 21-25, 2007.</p> <p>-Rita Ruggles has been reassigned so will not be staffing the Council in the future but will continue with Membership committee through August.</p> <p>-Marcie Jeffers, Linda Harney and Greg Coulter will be retiring from the Department. Barbara Kaminer has taken a job with the Veteran's Administration.</p> <p>-HB 144 Meeting is scheduled for June 28, 1-4pm.</p> <p>-HB 843 Emergency Services Systems Mapping Project and technical assistance /recommendations – Map provides a picture of the infrastructure of what happens to people who are in crisis, who are current clients of the CMHCs, and what happens to people who are not current clients. Rita referred to an executive summary and subsequent recommendation that came out of the consultant's review. Council requested copy of the map and the four recommendations be sent with May meeting summary.</p> <p>-Other State Agency Study- Louis Kurtz shared that the project was moving along and that we have until the end of May to complete. We are almost finished but still looking at several Depts. (Public Health for Early Childhood MH services, DCBS). There will be a meeting on June 20th with all partner agencies invited and a staff person from the National Research Institute (nri) to look at the information collected and facilitate dialogue around it.</p> <p>-Evidence Practice Grant - There is a retreat scheduled for March 26 & 27th. The group's recommendations will be provided to the Commissioner Burt.</p>	<p>Map and recommendations attached to meeting summary</p>
<p>Transformation on Priority Recommendations</p>	<p>Council members participated in an exercise to determine mental health funding and advocacy priorities. See attached for detailed outcome of top priorities chosen.</p> <p>The following is a list of the State Transformation Items from which the Council chose their priorities and the number of points each received:</p> <ol style="list-style-type: none"> 1) Improving coordination of care among multiple systems – 18 2) Support for culturally competent services – 0 3) Involving consumers & families fully in orienting the MH system toward recovery – 11 4) Support for consumer and family-operated programs, including Statewide consumer networks – 6 5) Services for co-occurring mental and substance use disorders - 11 6) Eliminating disparities in access to and quality of care – 8 7) Support for integrated electronic health record and personal health information systems - 1 8) Improving consumer access to employment and affordable housing - 9 9) Provision of Evidence Based Practices - 2 10) Aligning financing for mental health services for maximum benefit – 5 11) Supporting individualized plans of care for consumers – 3 12) Supporting use of peer specialists – 5 13) Linking mental health care with primary care – 6 	

	14) Supporting school mental health programs – 7 15) Supporting early mental health screening, assessment, & referral to services – 4 16) Suicide Prevention – 3 17) Supporting reduction of the stigma associated with mental illness – 0 18) Use of health technology and telehealth to improve access & coordination of mental health care – 1 19) Supporting workforce development activities – 0	
Public Comment	There were no comments.	
Adjournment	Trudy Abshire made the motion to adjourn and Steve Shannon seconded the motion. Meeting adjourned at 2:12.	
Next Meeting	The next meeting of the Council will be Thursday, August 16, 2007, 10:00am-2:00pm, at the Department for MHMR Services, in Frankfort.	

Kentucky Mental Health Planning & Advisory Council

At their quarterly meeting on May 10, 2007, Council members participated in an exercise to determine mental health funding and advocacy priorities. Four were chosen from a list of 19 as provided in the 2008-2010 Mental Health Block Grant Instructions- Table 4 (See attached page 33). Subsequently, Council members (in small groups) discussed and responded to two questions.

Note: Priorities appear in ranked order but priority 2 and 3 were equally weighted.

Guided Discussion Questions for Transformation Priorities

Priority #1 Transformation Topic:

Improving Coordination of Care Among Multiple Systems

1.) How do you define this transformation concept? What are the related activities, considerations, goals, or objectives?

- ✓ Consumers need to be looked at holistically
- ✓ Funding streams need to recognize this

2.) What role does/could the Planning Council have in making things happen around this topic?

- ✓ Consumer rights education
- ✓ Make resource Manual (hard copy)

Priority #2 Transformation Topic:

(evenly weighted with Priority #3)

Services For Co-Occurring Mental Health And Substance Use Disorders

1.) How do you define this transformation concept? What are the related activities, considerations, goals, or objectives?

- ✓ Consumer and service providers have a goal to identify issues. (*Screening & Assessment of both mental health and substance use disorders*)
- ✓ Cross train clinicians (*Ensure that clinicians have basic competencies to provide appropriate interventions for individuals with co-occurring disorders*)
- ✓ Look at funding sources for inclusive treatment (*Ensure that Medicaid and other reimbursement agents will allow co-occurring treatment and that such may be documented appropriately in the medical record*)
- ✓ Consumer acceptance of treatment for co-occurring
- ✓ Transformation achieved when individuals are getting all needs addressed regardless of how they access the system

2.) What role does/could the Planning Council have in making things happen around this topic?

- ✓ Education Campaign– Clear definitions-Support efforts beginning with youth
- ✓ Bring folks into Council meetings to educate us
- ✓ Sponsor education of the service community- conferences
- ✓ Advocate for funding sources to pay for co-occurring treatment

Priority #3 Transformation Topic: Involving Consumers and Families Fully
(evenly weighted with Priority #2)

1.) How do you define this transformation concept? What are the related activities, considerations, goals, or objectives?

The goal is changing a medical system to a recovery oriented system

- ✓ Transforming from the “Medical Model” to the “Recovery Model”
- ✓ Educating consumers and family about participation in their own treatment
- ✓ Education on recovery model to providers
- ✓ Opportunity for consumers to collaborate with providers and with other consumers and families

2.) What role does/could the Planning Council have in making things happen around this topic?

- ✓ New “pamphlet program” describing what is recovery and what is a recovery-oriented system
- ✓ Brochures about Recovery and about taking active role in treatment planning and assessment along the way
- ✓ Need technical support to create materials
- ✓ Financial support to individuals for their time and expertise of creating materials/determining the verbiage to use in materials
- ✓ Perhaps create a Council workgroup- could be Council members and others to work on this
- ✓ Speak to professionals about Recovery and self-directed treatment (also Advance Directives)

Priority #4 Transformation Topic:
Improving Consumer Access To Employment And Affordable Housing

1.) How do you define this transformation concept? What are the related activities, considerations, goals, or objectives?

Seen as primarily an adult issue (overlap to children’s issue related to transition from school to work)

Transform the thinking of consumers-what they are often led to believe about their ability to work and live independently

Consumer Goals:

- ✓ Independence vs. dependence on sheltered workshops, building self esteem – a job means improvement in self esteem and reduced dependence on public welfare

System Goals:

- ✓ Increase numbers of options for affordable housing, some areas do not have enough support for a long enough time. Halfway houses – some are very good, but are they leading to long-term support? Waiting lists are too long
- ✓ Improve social security system – build incentives and take away disincentives for people who go to work and earn income
- ✓ Realistic Medicaid buy-in or other options for people to afford medication and treatment
- ✓ Increase supported employment so that ongoing support is available longer. Should not stop with just getting a job, need to keep a job, advance in job status/career
- ✓ Create system that is there when needed so that individuals may come and go as they need support, not all or nothing- afraid to let go

2.) What role does/could the Planning Council have in making things happen around this topic?

- ✓ Advocate for additional funding
- ✓ Make it our priority to urge a variety of funders to expand options
- ✓ Recommendations to the Commissioner around these issues
- ✓ Continue some block grant funds toward these
- ✓ Individual members can advocate within their local CMHC for improvement and expansion
- ✓ Push for Medicaid buy-in with affordable premiums (Calls and Letters!)
- ✓ Great ideas around making voices heard (e.g., pick your birthday 21st and then on that day each month, call to voice your message to legislators/others. There are 138 members of the General Assembly, have they all heard the message)